

**Texas Department of Health
FY03 UNCOMPENSATED TRAUMA CARE GRANTS
FACT SHEET**

1. Read the **entire** "Request for Proposal" (RFP) before completing the application. **For any questions regarding requirements, eligibility or the goal of this program contact the Emergency Health Care System Team at (512) 834-6700.**
2. The request for grant funds consists of an application only; no written formal narrative is necessary.
3. Complete the blank application included with the RFP. Answer every question. If a question is not applicable, write "N/A" in the blank. **When completed, mail the application plus one (1) copy to the address below. The application must be postmarked by midnight February 14, 2003. The application may be hand delivered to the Bureau of Emergency Management at the Exchange Building, 8407 Wall Street, Suite N402, Austin, Texas, no later than 5:00 P.M. February 14, 2003.**
4. **M**ail the application and all forms, plus one (1) copy, to the following address:

**Kathryn C. Perkins, Chief
Bureau of Emergency Management
Attention: Uncompensated Trauma Care Grants
Bureau of Emergency Management
Texas Department of Health
1100 W. 49th Street
Austin, Texas 78756-3199**
5. Please note that submitting an application does not guarantee an applicant will receive grant funds from this program.

CONTACT THE EMERGENCY HEALTH CARE SYSTEMS TEAM AT (512) 834-6700 WITH ANY QUESTIONS.

DEADLINE FOR SUBMISSION

Postmarked by midnight February 14, 2003 or hand delivered by 5:00 p.m. February 14, 2003

**TEXAS DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MANAGEMENT
FY03 UNCOMPENSATED TRAUMA CARE GRANTS**

Request for Proposals

Project Goals

The Omnibus Rural Health Care Rescue Act, passed in 1989, directed the Bureau of Emergency Management (BEM) of the Texas Department of Health (TDH) to develop and implement a statewide emergency medical services and trauma care system, designate trauma facilities, and develop a trauma registry to monitor the system and provide statewide cost and epidemiological statistics. In 1997, the 75th legislature enacted Chapter 773 of the Texas Health and Safety Code, Chapter 773, Section 122, Emergency Medical Services (EMS) and Trauma Care Systems Fund to help support EMS and Trauma System development.

The 77th Texas Legislature appropriated four million dollars to this fund to be spent over the Fiscal Year 2003 (FY03) biennium for improving the EMS and trauma system. As stated in Chapter 773 of the Texas Health and Safety Code §773.122, payments from the account, “In any fiscal year, the commissioner shall use at least two percent of the appropriated money remaining in the account after any amount necessary to maintain the reserve established by Subsection (b) is deducted and the money in the account not otherwise distributed under this section to fund a portion of the uncompensated trauma care provided at facilities designated as state trauma facilities by the department.” Any funds not otherwise distributed from the EMS and/or Regional Advisory Councils (RACs) allotments for the current FY03 will be made available for uncompensated trauma care provided by designated trauma facilities.

TDH is accepting proposals to fund a portion of uncompensated trauma care provided by designated trauma facilities. This is a competitive process. Awards will be distributed to top applicants until funds have been exhausted. Top applicants will be determined using the evaluation criteria outlined on page 5.

Performance Requirements

Contracts will be developed between TDH and successful applicants. This contract period will end August 31, 2003 and will detail items such as budget, reporting requirements, TDH general provisions, and any other specifics that may apply to the award. Trauma facilities must maintain the appropriate trauma facility designation throughout the specified contract period. A request for return of funds may occur if any of the stated requirements of this grant are not met. In addition, it will be the responsibility of the grant recipient to provide a report on the total amount of uncompensated trauma care delivered by the facility during the contract period.

Applicant Eligibility

Eligible applicants are currently TDH Designated Trauma Facilities, as defined in the Health and Safety Code, Chapter 773, Section 115, by the grant submission deadline. Applicants must maintain this designation throughout the contract period. Failure to comply with this

requirement of the grant constitutes grounds for revocation of any award made as part of the Uncompensated Trauma Care Grants program.

Definition

For the purposes of this grant, uncompensated trauma care is defined as “billed as self-pay and not collected”. This definition does not include the difference between the amount billed to insurance, Medicare, Medicaid, Workers Compensation etc., and the amount collected.

Range of Financial Assistance

Proposals will be accepted, reviewed, and awarded until the deadline date based on the merit of the proposal and availability of funds. The EMS and Trauma Care System Fund (**Chapter 773 of the Texas Health and Safety Code, 122**) allocated two percent of 1.75 million dollars, or \$35,000 to this program for FY03. Additionally, any unclaimed funds, or remaining funds from the current FY03 EMS and Trauma Care Systems Fund contracts, may be made available for uncompensated trauma care for designated trauma facilities. The total amount available last year was \$130,197 with average awards being \$2,657. It is anticipated that this FY’s minimum award will be \$1,000.

Types of Assistance

This program only provides payment for a portion of the uncompensated trauma care provided by designated trauma facilities. **Any costs incurred prior to the contract start date will not be eligible for reimbursement.**

Incurring Costs and Rejection of Proposals

TDH reserves the right to reject any or all applications and is not liable for costs incurred by the applicant in the development, submission, or review of the application. Costs incurred in the preparation of the application shall be borne by the applicant and are not allowable in the RFP.

Right to Amend or Withdraw RFP

TDH reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract pursuant thereto, if it is in the best interest of TDH and the State of Texas to do so. The decision of TDH will be final in this regard.

Application Procedure

Applicants must submit a completed application form (see pp 7&8) along with the following noted information:

- A. Documentation from the respective Regional Advisory Council (RAC) of the applicant’s participation on the RAC. Participation requirement is confirmed by an authorized signature on the application (p.8) or by the RAC submitting a letter signed by the RAC chair or highest ranking board member not employed by applicant hospital. E-mail from the RAC Chair or highest-ranking board member

will be sufficient. **Note: it is the applicant's responsibility to ensure RAC participation documentation is submitted to TDH/BEM no later than the application deadline.**

- B.** If applicant is a non-profit organization, a "Non-Profit Board of Directors and Executive Director Assurances Form" (p.13) must be completed and signed by the organization's Board Chairman and Executive Director. This form assures that the organization's governing board has been informed of its executive financial responsibilities.

Additionally, the TDH EMS/Trauma Registry, will provide verification that the applicant has timely submitted to the TDH EMS/Trauma Registry a minimum of six (6) months of required data from January 1, 2001 thru December 31, 2001. The TDH EMS/Trauma Registry may also provide information regarding completeness of the data submitted.

Only one application will be accepted from each hospital.

Applications must be legible and typed or computer generated on letter-sized paper. If an applicant chooses to retype the application, it MUST be submitted in the same format, including ALL questions and information requested in the original application. The completed application packet, including all required supplemental documentation and information, must be submitted to TDH by February 14, 2003

The original completed application and one copy, including all applicable forms **must** be submitted by mail to the address below, **postmarked by midnight February 14, 2003:**

**Kathryn C. Perkins, Chief
Attention: Uncompensated Trauma Care Grant
Bureau of Emergency Management
Texas Department of Health
1100 W. 49th Street
Austin, Texas 78756-3199**

The application may be delivered by hand to the **physical address** of the Bureau of Emergency Management, Exchange Building, 8407 Wall Street, Suite **N402**, Austin, Texas, no later than 5:00 P.M. February 14, 2003 (**do not mail application to the physical address**).

Applicant Experience

Applicant must indicate any experience that demonstrates the qualifications of the applicant for the performance of the potential contract.

If the applicant has had a contract terminated for cause in the last five years, applicant must submit full details including the other party's name, address, and phone number. Termination for cause is defined as notice to stop performance which was delivered to the applicant due to applicant's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the applicant, or (b) litigated and determination was made that the applicant was in default. TDH will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the contractor's past experience.

Authority to Bind TDH

Only the Chief, Bureau of Financial Services, or TDH's designee, may legally commit TDH to expenditure of public funds.

Deadlines

Deadline for submitting the original completed application and one (1) copy, including applicable forms is midnight, February 14, 2003. Only those applications, copies and required forms that are post marked or hand delivered on or before February 14, 2003 will be reviewed. Hand-delivered applications must be received at the Bureau of Emergency Management, Exchange Building, 8407 Wall Street, Suite N402 (fourth floor), Austin Texas no later than **5:00 P.M.** February 14, 2003. **Do not mail your application to 8407 Wall Street.**

Evaluation Process and Criteria

Applications will be reviewed and evaluated based on information provided by the applicant.

Eligibility criteria are those items which **must be met** for an applicant to be considered for these funds.

Applicants who do not meet these criteria will be determined **ineligible** for this grant funding.

Eligibility criteria include:

- Applicant is a Trauma Facility, designated as such by TDH, on or before the grant submission deadline.
- Applicant is actively participating on its respective RAC. RAC participation can be confirmed by an authorized signature (either the RAC chair or the highest ranking board member not employed by applicant hospital) on the application (p. 8) or by an email and/or letter submitted by the RAC confirming participation.
- Applicant has timely submitted from January 1, 2001 thru December 31, 2001, to the TDH EMS/Trauma Registry a minimum of six (6) months of data, required by TDH Rule in Title 25 of the Texas Administrative Code (TAC), Section 103.14

Evaluation criteria may include, but are not limited to:

- Frequency, duration and completeness of data that applicant has submitted from January 1, 2001 thru December 31, 2001 to the EMS/Trauma Registry as required by 25 TAC 103.14
- The amount of uncompensated trauma care that the applicant has from period of January 1, 2001 thru December 31, 2001
- Participation in the state and regional trauma systems
- Ability to generate data from Trauma Performance Improvement program

Final determination of awards will be made by the Chief, Bureau of Emergency Management. All projects not funded will remain active until the end of the funding cycle, for possible consideration should additional funding become available.

UNCOMPENSATED TRAUMA CARE GRANTS APPLICATION

APPENDIX A

This application must be completed in the name of the legal entity that will enter into a contract with the Texas Department of Health. Fill in all the blanks. If a Section does not apply to your organization, write "N/A" in the blank. **All signatures MUST be original.**

Organization: _____

Payee Name (if different than Organization Name): _____

Street Address:

Mailing Address:

Texas Vendor Identification Number: _____ (14 digit number.
One will be assigned if organization has not previously contracted with the state)

Federal Employer Identification Number: _____ (9 digit number. All organizations
must submit this number)

Texas Corporate Charter # _____

Type of Organization: _____ For Profit Organization _____ Non-Profit Organization

Name of county that applicant's main facility is located: _____

Information About Trauma Care Delivered By Applicant:

Please answer the next five questions based upon information that the applicant submitted from January 1, 2001 through December 31, 2001 to the TDH EMS/Trauma Registry as required by 25 TAC 103.14.

Upload dates for this twelve month period: _____

1. Amount of uncompensated trauma care applicant has provided from January 1, 2001 through December 31, 2001: \$ _____

2. Amount of trauma care the applicant has reported to the TDH EMS/Trauma Registry as "self pay" during the above noted twelve month period: \$ _____

3. Amount of total trauma care (compensated and uncompensated) the applicant has provided for this twelve-month period: \$ _____

4. Number of years your facility has provided required data to TDH EMS/Trauma Registry: ____

5. The start and end dates, utilized each of the twelve month periods, that applicant has submitted required data to the TDH EMS/Trauma Registry _____

Number of year's applicant has been TDH – designated as a trauma facility: _____

Current level of designation:(circle one) IV III II I

If Level I, II, or III, is your facility the Lead Trauma Facility for your Trauma Service Area? Yes No

Is your facility the only designated trauma facility in your county? Yes No

Is your facility the only hospital in your county? Yes No

Does applicant have a representative serve on the RAC's executive committee or serve as chairman of any RAC committee? Yes No

If yes, list name(s) and position(s) held: _____

Does applicant have employees that are members of the Texas Trauma Coordinators Forum? Yes No If yes, list member(s): _____

Does applicant receive disproportionate share funds? Yes No

Please fill in the following information requested from your **Trauma Performance Improvement data:**

Average emergency department length of stay for trauma patients from January 1, 2001 thru December 31, 2001: ____

Length of stay (average minimum amount of time a trauma patient spends in ED): ____

I verify that _____ participates on _____ TSA ____

Legal name of Applicant

Name of RAC _____

Signature : _____
Signature of RAC chair or highest ranking board member not employed by applicant hospital is required. (Participation is confirmed by either a signature on the line above, or by submission of an email or a letter signed by the RAC chair or highest ranking RAC board member not employed by applicant hospital).

Project Coordinator (Mr/Ms/Dr):

Name (Print): _____

Title: _____

Wk Phone: _____

Fax Number: _____

Email: _____

Person Authorized to Sign Contract (Mr/Ms/Dr):

Name (Print): _____

Title: _____

Wk Phone: _____

Fax Number: _____

Email: _____

Signature: _____

Alternate Contact Person: (Mr/Ms/Dr):

Name (Print): _____

Title: _____

Wk Phone: _____

Fax Number: _____

Email: _____

Trauma Medical Director:

Name (Print): _____

Title: _____

Wk Phone: _____

Email: _____

Signature: _____

Trauma Coordinator (Mr/Ms/Dr):

Name (Print): _____

Title: _____

Wk Phone: _____

Fax Number: _____

Email: _____

**TEXAS DEPARTMENT OF HEALTH
ASSURANCES AND CERTIFICATIONS**

**Note: Some of these Assurances and Certifications may not be applicable to your project.
If you have questions, contact the awarding program within TDH.**

As the duly authorized representative of the applicant, my signature on the FACE PAGE Form certifies that the applicant:

1. Has the legal authority to apply for state/federal assistance, and the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this application;
2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;
3. And parent, affiliate, or subsidiary organization, if such a relationship exists, will give TDH, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;
5. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
7. Affirms that it has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount,

trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement;

8. Will honor for 90 days after the application due date the technical and business terms contained in the application;
9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
10. Will not require a client to provide or pay for the services of a translator or interpreter;
11. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
12. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
13. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC "1324a, et seq., as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this application;
14. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC "2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC '794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC "12101, et seq.; and
 - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
15. Will comply with the Uniform Grant and Contract Management Act (UGCMA), Texas Government Code, Chapter 783, VTCA, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. If a conflict arises between the provisions of a resulting contract, and the provisions of UGCMA and UGMS, the provisions of UGCMA and UGMS will prevail unless expressly

stated otherwise. A copy of the UGMS manual and its references are available upon request;

16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, VTCA, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
18. Will comply with environmental standards which may be prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC 4321-4347, and Executive Order (EO) 11514 "Protection and Enhancement of Environmental Quality;"
 - B. Notification of violating facilities pursuant to EO 11738 "Providing for Administration of the Clean Air Act and the Federal Water Pollution Contract Act with Respect to Federal Contracts, Grants or Loans;"
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC "7401- 7642;
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, 21 USC '349, 42 USC "300f-300j;
19. Will comply with the Pro-Children Act of 1994, 20 USC "6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
20. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC '289L-1 and 20 USC "2080-6081, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance;
21. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC '263 a, which establish federal requirements for the regulation and certification of clinical laboratories;
22. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Bloodborne Pathogens, 56 Fed. Reg. 64175 (1991), 29 CFR '1919.030, which set safety standards for those workers and facilities who may handle bloodborne pathogens;
23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;

24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.
25. Defined as the primary participant in accordance with 45 CFR Part 76, and his/her principals:
- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the application response.

The applicant agrees by submitting this proposal that he/she will include, without modification, the clause titled A Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

26. Understands that Title 31, USC '1352, entitled A Limitation on use of appropriated funds to influence certain federal contracting and financial transactions, generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a **SPECIFIC** grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization on the FACE PAGE Form) certifies, to the best of his or her knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, A Disclosure of Lobbying Activities, (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are included at the end of this application form.
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by USC '1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

27.

Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the TDH terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, USC '1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

**NON-PROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR
ASSURANCES FORM**

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

*

Chairman of the Board

Signature/Date

*

President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

TEXAS DEPARTMENT OF HEALTH
Bureau of Emergency Management
Uncompensated Trauma Care Grants
Checklist

SUBMISSION DEADLINE

Deadline for submitting the completed application, one (1) copy and all applicable forms is midnight, February 14, 2003. Only applications and required copies received within the stated deadline will be reviewed. Mailed applications must be postmarked by midnight February 14, 2003. Hand-delivered applications must be received at the Bureau of Emergency Management, Exchange Building, 8407 Wall Street, Suite N402, Austin, Texas, no later than 5:00 p.m. February 14, 2003.

(ABSOLUTE!! Applications not received by the deadline specified **Will Not** be considered for funding)

INFORMATION REQUIRED FOR ELIGIBILITY

(Failure to comply with any one of the following will result in disqualification of the proposal)

_____ Original application and one copy have been furnished to TDH; either postmarked by midnight February 14, 2003 or hand-delivered by 5:00 p.m. February 14, 2003

_____ Request is made by a facility, which has achieved TDH Trauma Facility designation by the deadline of this RFP.

_____ Proof of RAC participation is provided (on the application or by a separate letter sent by the RAC).

_____ At least six months of data has been transmitted by applicant to the TDH EMS/Trauma Registry from January 1, 2001 thru December 31, 2001, as required by 25 TAC 103.14

_____ Application is typed or computer generated. (Computer generated applications **MUST** include **ALL** questions and be in the same format as original application.)

OTHER POINTS TO CONSIDER WHEN COMPLETING PROPOSAL

_____ All sections of the application are completed

_____ The "Non-Profit Board of Directors and Executive Director Assurances Form" (page 13) is fully signed, completed and enclosed, if applicant is a non profit organization.

INFORMATION ON FEDERAL EMPLOYER IDENTIFICATION NUMBER

The Federal Employer Identification Number is required of all hospitals requesting a grant. This number is a prerequisite to obtaining a Texas Vendor Identification Number. The Federal Employer Identification Number is distributed by the I.R.S. to businesses and non-profit organizations.

Most hospitals should already have this number.

To request a Federal Employer Identification Number:

- 1) Obtain a four (4) part form from the I.R.S. by calling (800) 829-3676. Ask for form number SS4.
- 2) Complete the form, photocopy, and mail to:
Internal Revenue Service
Austin Service Center
Austin, Texas 73301
- 3) In two to three weeks you will receive your Federal ID number.

For a more rapid response:

- 1) Order the form as described above.
- 2) Have the person who is authorized to sign the contract call (512) 462-7843.
- 3) Have the form completed when you call. The I.R.S. will ask you questions based on the form.
- 4) You will be given a Federal ID number over the phone.
- 5) Copy this number and the notation "per phone call of (date)" at the upper right corner of the form.
- 6) Copy the form and mail it to the above listed address.
- 7) Form number **554** is required by the I.R.S. for recording purposes, but this process allows the I.R.S. to issue your Federal ID number immediately.